2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000136604 1. Entity Name SUSAN SAGER, D.O., P.A.



US

FILED
Jan 24, 2007 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

1847 N.E. 211 LANE

SIGNATURE:

NORTH MIAMI BEACH, FL 33179

1847 N.E. 211 LANE

NORTH MIAMI BEACH, FL 33179

DO	NOT	WRITE	IN T	HIS:	SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0408857

Applied For Not Applicable

5. Certificate of Status Desired

1-22-07

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAGER, SUSAN 1847 N.E. 211 LANE NORTH MIAMI BEACH, FL 33179

DO NOT WRITE IN THIS SPACE

	6. T ime					er er er er er er er er	
	ned entity submits this statement for the p of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florida, I am famil	ar with, and accept	
SIGNATURE	iture, typed or printed name of registered agent and little if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	<u></u>	
	OWIII FEE IS \$150.00 I, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		****	
10.	QEFICERS AND DIREC	TORS					
STREET ADDRESS 18	ISAN, SAGER 47 N.E. 211 LANE DRTH MIAMI BEACH, FL 33179	30 mm			000000601586 01/26/07-80054-01	7 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					and the second s	ندر الروم (۱۵ <u>محد ۲۰</u> ۱۰ مارد الروس	
name Name Street address City-St-Zip				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information auticities with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied point is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							

SUSAN SAGET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR